

# Fire Department | Hazardous Materials Division 39100 Liberty Street, P.O. Box 5006, Fremont, CA 94537-5006 510 494-4279 ph | www.ci.fremont.ca.us

# Underground Storage Tank Closure Permit Application Form

This form serves as an application for a closure permit for storage tanks. The City of Fremont's Underground Storage Tank Closure Guidelines should be referred to when preparing this closure plan and when performing tank closure. Attach additional pages as necessary.

Two copies of this closure plan must be submitted to the City of Fremont's Hazardous Materials Division at least **30 days prior** to the intended date of closure. State Forms A and B must be submitted with this plan. A \$250 deposit must be made with application submittal, against which an hourly review and inspection fee will be charged. Inspection fees will be billed in 15 minute increments. Charges incurred above the deposit amount will be billed directly to the facility. Upon approval, permits are valid for sixty days. The Hazardous Materials Division must be notified 96 hours before closure activities begin. Cancellation or rescheduling of inspections must occur a minimum of two hours in advance of the scheduled event to avoid a minimum 30 minute charge (\$31.00).

This form is also to be used as application for closure permit for aboveground tanks. Permit fees for aboveground closures differ from those listed above. Contact the Hazardous Materials Division for more information on aboveground closures.

### **GENERAL INFORMATION**

Business Name:	
Business Address (where tanks are located):	
Mailing Address:	
Business Phone Number:	
Responsible Officer:	
EPA Waste Generator Number:	
Property Owner Name, Address and Phone Number:	
Contractor's Name	
(company overseeing closure):	
Business Address:	
Business Phone Number:	
Responsible Officer:	<del> </del>
Contractor License Number and Class:	

**SITE MAP:** Attach an 8-1/2" x 11" map that identifies the location of the tanks and their associated piping, buildings on the property, and streets surrounding the facility. Blueline drawings will be accepted *in addition to* an 8-1/2" x 11" site map.

**TANKS:** Complete the following table.

## **TANKS TO BE CLOSED**

	Tank #	Contents	Capacity	Construction Material	Year Installed	Above or Below Ground?
1.						
5.						
			· ·	closure? Yes		
11 11	ot, provide	ехріапацоп				
•		•		ealed. Tanks shall no nd approval of this of	•	lace without
tan pric dry me oxy	k(s), conta or to remo ice per 1 ter to veri gen readi	ainerizing residu val. The Hazaro 000 gallons of t fy that flammab	ual materials and dous Materials [ ank volume and les have been p ercent. All haza	fy methods for removed cleaning solutions, Division requires a mile the use of a lower expurged. LEL readings rdous wastes transports	and for rendering nimum of 25 po explosive level ( must be below	ng the tank(s) inertounds of pelletized LEL) indicator 20 percent, and

complete the follow	ANALYSES: Describe ving table. Include a de d to a State-certified lal	scription of sample p	ackaging and transport	. All samples
	SAMPL	E ANALYSES TABI	_E	
Tank #/Piping	Sample Type (Soil/Water)	Number of Samples	Test Method	
encountered during	Provide a brief description of the tank clo	s the site have adequ		

FD-004/bc – Rev. 10/01 -3- Form EPD2316A/1293

**CONTRACTORS:** List the names, addresses, and phone numbers of **all** contractors that will be involved in closure activities. This includes excavation contractors, waste transporters, disposal or reclaim facilities, and analytical laboratories. Analytical laboratories must be State certified. INCLUDE contractor license numbers and license classes, EPA waste transporter numbers, TSD registration numbers and laboratory certification numbers for the appropriate contractors. Hazardous Substance Removal Certification is required for the primary contractor and/or subcontractors operating backhoes and excavators.

Contractor Name:	
Contractor Address:	
Contractor Phone:	
License/Certification/EPA#:	
Responsibilities:	
Contractor Name:	
Contractor Address:	
Contractor Phone:	
License/Certification/EPA#:	
Responsibilities:	
Contractor Name:	
Contractor Address:	
Contractor Phone:	
License/Certification/EPA#:	
Responsibilities:	
Douglas atom Nieuw au	
Contractor Name:	
Contractor Address:	
Contractor Phone:	
License/Certification/EPA #:	
Responsibilities:	

# MANIFESTS, CHAINS-OF-CUSTODY, AND REPORTING: Will Hazardous Waste Manifests be used to transport all waste materials, tanks and piping off—site to a disposal or reclaim facility? Will chain-of-custody forms be used to document all sample transfers from the site to the analytical laboratory? Two copies of a Final Closure Report must be submitted within 60 days of tank closure to the Hazardous Materials Division which describes the closure activities, presents the sample analyses results (with copies of the lab reports and chain-of-custody forms) and documents the final disposal of waste materials, tanks, and piping (including copies of the hazardous waste manifests). This report MUST be certified by a registered civil engineer or geologist. Signature (must be signed by tank owner)

PLEASE SUBMIT TWO COPIES OF THIS DOCUMENT TO THE HAZARDOUS MATERIALS DIVISION OF THE CITY OF FREMONT.

Print Name

Title